

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Orthotic & Prosthetic Association PAC

Full Name (Last, First, Middle Initial)

A. James O Young Jr.

Mailing Address 2400 Pineworth Road

City

Macon

State

GA

Zip Code

31216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amputee Prosthetic Clinic

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2012

Transaction ID : A2012-1071373

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Claudia Zacharias

Mailing Address 314 Long point Road

City

Crownsville

State

MD

Zip Code

21032

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOC International

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 27 / 2012

Transaction ID : A2012-1071384

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Claudia Zacharias

Mailing Address 314 Long point Road

City

Crownsville

State

MD

Zip Code

21032

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOC International

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 04 / 2012

Transaction ID : A2012-1214135

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

15300.00